APPLICATION FOR HORSE DRAWN DRIVER'S LICENSE
SPRINGFIELD, ILLINOIS

For Office Use Only:__ Renewal Application__ Initial Application

I Hereby make application for a horse drawn driver's license under the laws of the State of Illinois and the ordinances of the City of Springfield for the period of January 1, _____ to December 31, _____.

1. Name: _____ Maiden Name:_____
   (first) (middle) (last)
2. DOB: _____ SS#: _____
3. Current Address: _____ City/State:_____Zip:_____
4. Race: _____ Sex: _____ Eyes: _____ Hair: _____ Height: _____ Weight: _____
5. IL. Drivers License #: _____ Expires: ____ **COPY OF LICENSE MUST BE ATTACHED.**
6. Marital status:__ Single __ Married __ Divorced/Date Married _____ Date Divorced _____
   Spouse's or Former Spouse's Name: _____
7. Name and Address of Current Employer:_____
   Immediate Supervisor:_____
8. Name and Address of Previous Employer:_____
   Immediate Supervisor:_____
9. List all home addresses for the previous three years:_____
_____
_____
10. Have you held any prior licenses as a driver or chauffeur:_____
    Have any been revoked? __ YES __ NO If yes, explain:_____
11. Have you ever been convicted of a felony offense in the past 10 years?
    [ ]Yes [ ]No If yes give details below:

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

12. Have you ever been convicted of driving while intoxicated? [ ]Yes [ ]No If yes, give details below:

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you ever been convicted of a moving violation within the past five years?
    [ ]Yes [ ]No If yes, give details below:

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

14. I verify that I have good eyesight and am not subject to any infirmity of the body or mind which might render me unfit for the safe operation of a horse drawn vehicle: Applicant's Signature:_____
15. **ATTACHMENT REQUIRED**: Written evidence that the applicant has experience in driving a horse drawn vehicle or attach evidence of completion of a course in such driving.

****

I, _____, understand that the approving authority has the right to require me to demonstrate the ability to drive a horse drawn vehicle. I understand that an approved horse drawn vehicle driver's license shall be revoked if I am twice convicted of reckless or drunken driving or convicted of a felony. Further, I have read and understand the Code of Ordinance pertaining to horse drawn vehicles.

Date: _____ Applicant's Signature: _____

****

The above application is hereby approved and license will be issued forthwith upon payment of license fee specified by ordinance.

Investigation Completed: Approved:_____Denied:_____Date:_____

By:_____ Title:_____

Reason:_____

License # issued:_____Date:_____Application fee paid:_____